

Dear Special Event Food Service Provider:

Welcome to the City of Harrisburg! The City takes the health and welfare of our residents and visitors very seriously. The issuance of a Health License insures the safety and quality of the food served and the individuals providing the service. Providing food service, for profit or non-profit, in the City of Harrisburg is illegal without appropriate licenses. Failure to secure and display these licenses can result in fines of up to \$1000 per day and/or 30 days in jail. **This license applies to those doing special events such as Kipona and Musicfest as well as events in our City Parks. You must file an application for each event you plan to do. If you provide 30 or more days of food service, you can qualify as a Street Vendor.** All licenses are specific to one stand and one owner, and is limited to one trailer or under one roof. You are required to have a license for each stand whether side-by side or separated. In addition to the guidelines on your specific application, please note the following in regards to your Health License:

- **Effective July 1, 2004, all for-profit food service providers are required to have one supervisory staff person in compliance with the Pennsylvania Food Employee Certification Act.**
- A double license fee applies to anyone not submitting a license at least 10 working days before the event.
- All vendors are required to carry the \$50.00 general license from the Mercantile Tax Unit, contact the Mercantile Tax Unit at 717-255-6513 with questions regarding this application.
- This license is specific to the time frame indicated for that specific event.
- Health and Tax Licenses are not transferable and are non-refundable.
- All licensed establishments are subject to formal and informal inspections. The results of formal inspections are public domain and may be displayed in a public forum.
- All licenses are subject to suspension and revocation, for failure to follow applicable laws and guidelines. These are posted in the Bureau of Codes Administration, Suite 206 in the City Government Center, located at 10 N. 2<sup>nd</sup> Street, Harrisburg.

Whereas, it is our responsibility to enforce the laws and guidelines governing this department, it is also our desire to see you succeed and flourish. Please review the enclosed, provide all applicable information and return with a completed check for each individual application. You will be notified within 7-14 days of the status of your application. Feel free to contact me via email at [csherrick@cityofhbg.com](mailto:csherrick@cityofhbg.com), by fax at 717-255-6421 or by telephone at 717-255-6552, with any questions or concerns you may have.

Good luck in you venture!

Craig S. Sherrick  
Health Officer

Date of Application:\_\_\_\_\_ Business Name:\_\_\_\_\_

Special Event:\_\_\_\_\_ Event Dates:\_\_\_\_\_ Total Days:\_\_\_\_\_

**City of Harrisburg  
Special Event Health License**

A Health License is required for all food and beverage vendors/stands in the City of Harrisburg. You are exempt from said license if you are already a licensed if you hold a class D license. A license is good for one stand, which is defined as under one continuous roof/cover and/or one trailer. Each stand must have a valid license. ***If licensed/registered by another municipality or the state, attach copy of license/registration.***

Type F License: number of Days:\_\_\_\_\_x \$15 per day = \$\_\_\_\_\_Amount Due

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Telephone Number:** Area Code (\_\_\_\_) \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Telephone Number: Area Code (\_\_\_\_) \_\_\_\_\_

If the individual operating the stand during event is not the owner, the following must be completed:

_____ Manager's Name	_____ Daytime Phone #	_____ Evening Phone #
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This is to notify you of mandatory stand inspections as required by the City Health Officer, as pursuant to the Harrisburg City's adopted Health Code.

***A sketch or picture of stand with a list of all equipment must accompany this application.***

- All equipment must meet National Sanitation Foundation specifications.
- All stands are required to have potable water, the ability to warm water for utensil washing, soap & towels for hand washing and an approved sanitizing solution.
- Appropriately equipped heating and refrigeration units capable of holding hot foods at over 140 degree's F and cold foods at below 42 degree's F for refrigerated and 0 degree's F for frozen. Thermometers are required in each storage unit.

***On the back of this application or as an attachment, provide:***

- **A copy of PA Food Employee certification card for supervising staff person.**
- A detailed listing of proposed foods and/or menu.
- A list of Wholesaler's / Supplier's and their addresses and phone numbers.

License Total: \$\_\_\_\_\_

**Double Permit fee if submitted less then 10 days prior to event :           X 2**

Total Due: \$\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_Date: \_\_\_\_\_

## Detailed List of Proposed Food and/or Menu

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## List of Wholesaler(s)/Supplier(s)

Name	Address	Phone Number
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**Any additional information:** 

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**FURTHER INFORMATION APPEARING ON REVERSE SIDE MUST BE COMPLETED!!!**

6. Where the said business will be conducted (ie., place and/or event):

7. Failure to provide the above necessary information required for proper enforcement of the General Business License Ordinance shall cause rejection of this application and shall require a new application and filing fee.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. #4904 RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.

I have read and understand the Rules & Regulations provided to me, and further understand my responsibility to abide by them.

THIS DOES NOT PERMIT VENDORS TO SELL ON PRIVATE PROPERTY WITHOUT FIRST RECEIVING CONSENT OF PROPERTY OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

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OFFICE USE ONLY !!!

APPROVALS

OFFICE USE ONLY!!!

ZONING

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE

HEALTH

\_\_\_\_\_  
HEALTH DEPARTMENT

\_\_\_\_\_  
DATE

TAX AND ENFORCEMENT OFFICE

\_\_\_\_\_  
TAX AND ENFORCEMENT ADMINISTRATOR

\_\_\_\_\_  
DATE

LICENSE NUMBER \_\_\_\_\_